Application or Doc											Docket Nu	mber	
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09/899682												52	
CLAIMS AS FILED - PART I (Column 1) (Column 2) TOTAL CLAIMS								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
			<u> </u>	d.T.				RATE	FEE	3	RATE	FEE	1
Ľ	OR 0 / C	15/01.	NUMBET	NUMBER FILED		NUMBER EXTRA		BASIC FI	355.0	OR	BASIC FE	F 710.00	
	DTAL CHARGE	ABLE CLAIMS	27	2 Iminus 20=		· F		X\$ 9=		OR	X\$18=	126.	20
BN	DEPENDENT C	CLAIMS	2 minus 3 =		•	0		X40=	1	┨¨`	X80=	1700	
M	JLTIPLE DEPE	NDENT CLAIM	RESENT						+	-IOA	2002	 	ł
• 1	the difference	'	+135=	-	OR	<u> </u>	000	60					
	; , CLAIMS AS AMENDED - PART II								<u> </u>		TOTAL	836.	10
0	2/17/0	(Column 1)		(Column 2) (Column 3)			_	SMALL	. ENTITY	OR	OTHER SMALL		l
AMENDMENT A		·· CLAIMS REMAINING AFTER AMENOMENT		HIGH NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		PATE	ADDI- TIONAL FEE	
9	Total	. 27	Minus	2	7	- ^		X\$ 9=		OR	X\$18=	- (55	
ME	Independent	. 3	Minus	3			lt	X40=	 	-	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	7405			YOUE		l
							L	+135=	<u></u>	OR	+270=		
A	NE 6-23-05 (Column 1) (Column 2) (Column 3)							TOTAL DOIT. FEE]OR	TOTAL ADDIT. FEE	0	
AMENDMENT B		CANIS		HIGHE	SY	(Cotumn 3)			4000	7 ,			ĺ
		REMAINING AFTER AMENDMENT		PREVIOUS PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total Independent	. 21	Minus	. 2	7 ·	. Á		X\$ 9=		OR	X\$18=	120	!
		NTATION OF MI	Minus	ENDER	<u>></u>	• 🔗	Г	X40=		OR	X80≃		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135 =		ОЯ	+270=		
	0.71.5						AD	TOTAL OIT, FEE		OR ,	TOTAL DOIT. FEE	0	
		(Column 1)		(Column		(Column 3)	_			_	•		
C L		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	SLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
AMCNOMEN	Total	• 25	Minus	27	7	((\$ 9=			X\$18=	FEE	
	Independent	· 3	Minus	••• 3	3		\vdash	(40=		OR			
1	FIRST PRESENTATION OF MURTIPLE DEPENDENT CLAIM									OR	X80=		
. H	" If the entry in column 1 is less than the entry in column 2, write "o" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20."							135=		OR	+270= TOTAL		
	the Tephest Nur	nber Previously Pai ober Previously Paid per Previously Paid	d For IN THIS	SPACEAD	es fkan	2 males 93 *		HT. FEEL	ropifate box		DOIT, FEE	Θ	
_	710-471					<u> </u>							